Date:

Fire Prevention Code Notice: South Florida

ANNUAL FIRE ALARM INSPECTION / TEST REPORT ELECTRICALLY SUPERVISED ALARM SYSTEM

Fire Prevention Division	Attention:
1701 Meridian Ave. 2nd Floor Miami Beach, Florida 33139	Received By:
inspected and/or tested by a licensed	ent and devices located at the following address have been contractor for proper operation as required by the adopted on, "NFPA 72 and are OPERATIONAL."
Owner Name and Mailing Address	Address
	Type of Occupancy
	-
Business Phone	
Person performing Inspection / Test	Certificate of Competency No.
Name:	
Contractor / Company performing Insp	ection / Test Telephone Number(s)
Name:	
Address:	
	TIONAL: A tag or sticker shall be placed on at the FIRE g the date, telephone number and name of company
Does the fire alarm system meet the fo (YES) (NO) 1. The System has seco (YES) (NO) 2. The System is proper (YES) (NO) 3. Elevator(s) have auto (YES) (NO) 4. Monitored?	ndary (BATTERY) POWER SUPPLY
Date of Inspection / Test:	Signature:
Remarks:	